



AF/DFW

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS
AND INTERFERENCES

In Re Application of Axel Herbst Attorney Docket No.: 6570.P057

Application Number 10/712,472

Filed November 12, 2003

For Efficient Deletion Of Archived Data

Group Art Unit: 2167 Examiner: Susan F. Rayyan

Address to:

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 510.00

[] Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

[X] A check in the amount of the fee is enclosed.

[] Payment by credit card. Form PTO-2038 is attached.

[] The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

[X] The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 02-2666. I have enclosed a duplicate copy of this sheet.

[] A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

[] applicant/inventor.

[] assignee of record of the entire interest
See 37 CFR 3.71, Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96)

[] attorney or agent of record.

Signature

Robert B. O'Rourke
Typed or printed name

[X] attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 46,972 _____
(Reg. No.) Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[] *Total of _____ forms are submitted

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 13, 2008

Janece Shannon
Signature

Janece Shannon
Typed or printed name



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	10/712,472
Filing Date	November 12, 2004
First Named Inventor	Axel Herbst
Art Unit	2167
Examiner Name	Rayyan, Susan F.
Attorney Docket Number	6570P057
Total Number of Pages in This Submission	7

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	Client Postcard
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert B. O'Rourke, Reg. No. 46,972 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	3/13/08

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Janece Shannon		
Signature		Date	3/13/2008



FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/712,472
Filing Date	November 12, 2004
First Named Inventor	Axel Herbst
Examiner Name	Rayyan, Susan F.
Art Unit	2167
Attorney Docket No.	6570P057

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 510.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Credit any overpayments

☐ Charge fee(s) indicated below, except for the filing fee

☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	11	39*	0
Independent Claims	1	5*	0
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1202 50	2202 25	Claims in excess of 20
1201 210	2201 105	Independent claims in excess of 3
1203 370	2203 185	Multiple Dependent claim, if not paid
1204 810	2204 405	**Reissue independent claims over original patent
1205 810	2205 405	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater, For Reissues, see below

SUBTOTAL (1) (\$) 0.00

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 460	2252 230	Extension for reply within second month
1253 1,050	2253 525	Extension for reply within third month
1254 1,640	2254 820	Extension for reply within fourth month
1255 2,230	2255 1,115	Extension for reply within fifth month
1401 510	2401 255	Notice of Appeal
1402 510	2402 255	Filing a brief in support of an appeal
1403 1,030	2403 515	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)
1806 180	1806 180	Submission of Information Disclosure Stmt
1809 810	1809 405	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 810	2810 405	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

SUBTOTAL (2)

(\$) 510.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Robert B. O'Rourke	Registration No. (Attorney/Agent)	46,972	Telephone	(408) 720-8300
Signature		Date	3/13/08		